



SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: 10/806,081  
Filing Date:: March 22, 2004  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Title:: STEROID SPIROLACTONIZATION  
Attorney Docket Number:: PHA 4152.5 (3483)  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Small Entity?:: No  
Petition Included?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thaddeus  
Middle Name:: S.  
Family Name:: Franczyk  
Name Suffix:: II  
City of Residence:: Chesterfield  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 575 Maryville Centre Drive  
City of Mailing Address:: St. Louis  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63141

Supplemental December 29, 2004

10/806,081

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Grace  
Middle Name:: M.  
Family Name:: Wagner  
City of Residence:: St. Louis  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 575 Maryville Centre Drive  
City of Mailing Address:: St. Louis  
State or Province of Mailing  
Address:: MO  
Postal Code of Mailing Address:: 63141

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bruce  
Middle Name:: A.  
Family Name:: Pearlman  
City of Residence:: Kalamazoo  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 3411 Willow Lake Drive, #308  
City of Mailing Address:: Kalamazoo  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Amphlett  
Middle Name:: G.  
Family Name:: Padilla  
City of Residence:: Portage  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 10137 South Westnedge  
City of Mailing Address:: Portage  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: L.  
Family Name:: Havens  
City of Residence:: Mattawan  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 22570 6th Avenue  
City of Mailing Address:: Mattawan  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49071

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sonja  
Middle Name:: S.  
Family Name:: Mackey  
City of Residence:: Saint Paul  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1335 Simpson Street  
City of Mailing Address:: Saint Paul  
State or Province of Mailing  
Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55108

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Haifeng  
Family Name:: Wu  
City of Residence:: Portage  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 3681 Fawn Cove #3  
City of Mailing Address:: Portage  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49024

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 000321

**REPRESENTATIVE INFORMATION**Representative Customer Number:: ~~000321~~ 000045734

DOMESTIC PRIORITY INFORMATION			
APPLICATION::	CONTINUITY TYPE::	PARENT APPLICATION::	PARENT FILING DATE::
This application	An application claiming the benefit under 35 USC 119(e)	60/456,716	03/21/03

FOREIGN PRIORITY INFORMATION			
COUNTRY::	APPLICATION NUMBER::	FILING DATE::	PRIORITY CLAIMED::

**ASSIGNMENT INFORMATION**

Assignee Name::	Pharmacia Corporation
<u>Street of Mailing Address::</u>	<u>575 Maryville Centre Drive</u>
<u>City of Mailing Address::</u>	<u>St. Louis</u>
<u>State or Province of</u>	
<u>Mailing Address::</u>	<u>MO</u>
<u>Country of Mailing Address::</u>	<u>US</u>
<u>Postal or Zip Code of</u>	
<u>Mailing Address::</u>	<u>63141</u>

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